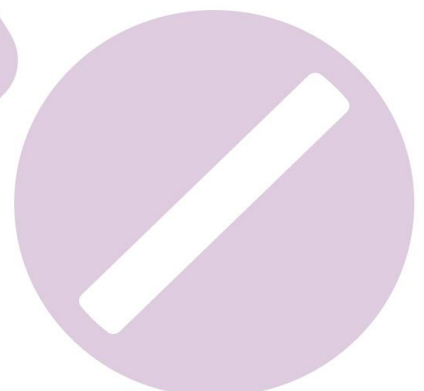
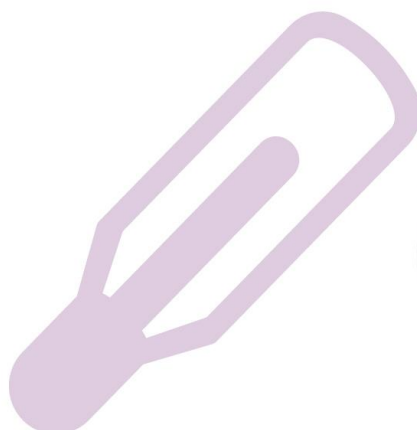




The Royal College of
Emergency Medicine

RCEM Winter Flow Project

Analysis of the data so far: 19th February 2016



Introduction

The Royal College of Emergency Medicine was approached by a number of Trusts/Boards following the winter of 2014-15. Each highlighted that the greatest challenge to the 4 hour standard had been issues of bed availability exacerbated by increased delays in transfers of care. These delays in provision of community and social care rose significantly over the winter months.

The College also felt that regular comment regarding 'A&E' performance failed to take account of this issue, focusing instead on attendances and admissions.

Monitor recently described the 4 hour standard as a 'useful measure of whole system performance' and the College agrees. The metric is dependent upon demand, capacity and flow and as such is a 'canary in the mine'.

To better monitor and report on system wide pressures the College invited all Trusts/Boards in the UK to contribute to our Winter Flow Project.

Each participating Trust/Board has submitted weekly data on attendances, four hour standard performance, delayed transfers of care and cancelled elective operations. These data together better reflect pressures, constraints and consequences for system performance.

The data are aggregated to ensure the focus of consideration is the wider health care system rather than the performance of individual Trusts/Boards.

Over 40 Trusts have submitted this data on a weekly basis since early October.

Published on a Friday of the week following the data collection the summary data provide a current overview of 'winter pressures'

The College is grateful to the participants who represent Trusts/Boards of all sizes and geographical locations.

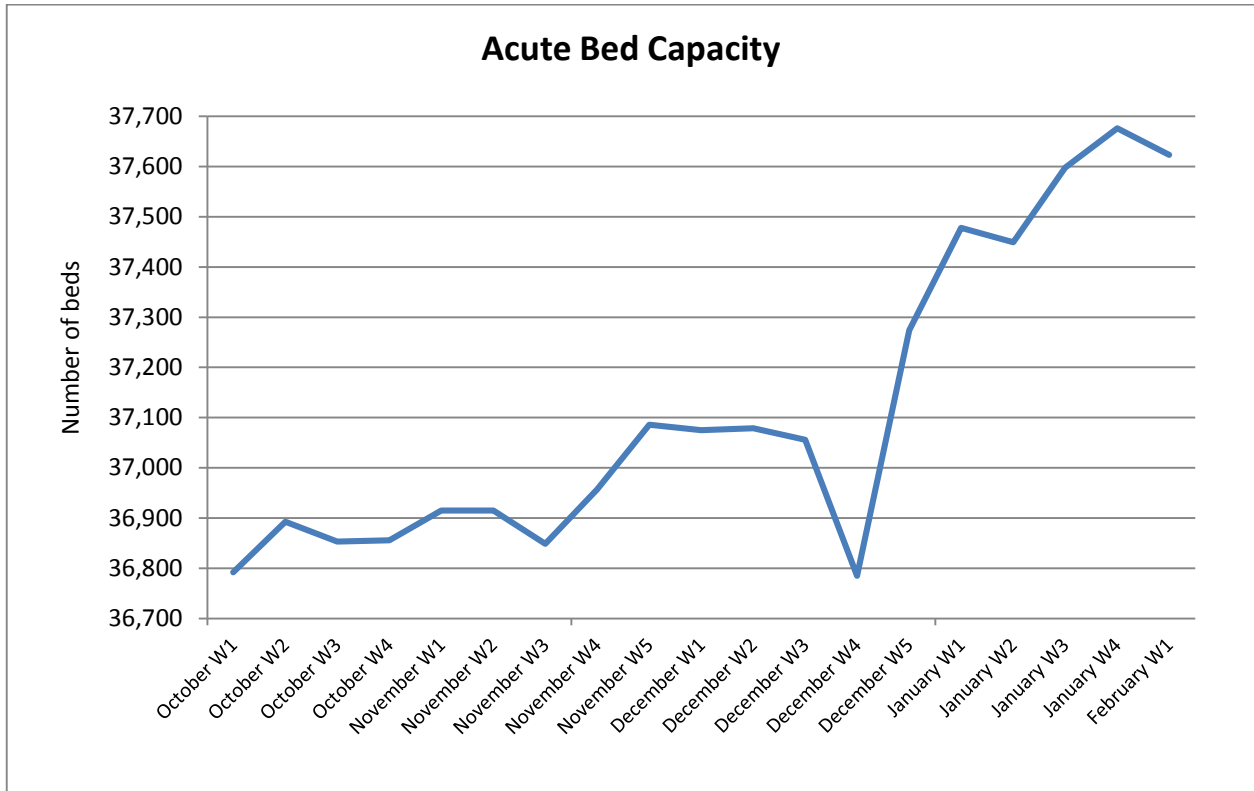
Unlike NHS England datasets there is no suggestion that our project represents a complete or permanent scrutiny of the healthcare system.

Our data includes all four countries of the UK though the majority of participating sites lie within England. It is also a sample of such Trusts/Boards, albeit a large and representative sample.

The data has already been of immense value to the College and allows informed comment and analysis rather than speculation.

The weekly data and trend data are presented in the tables following.

Graph of acute beds in service



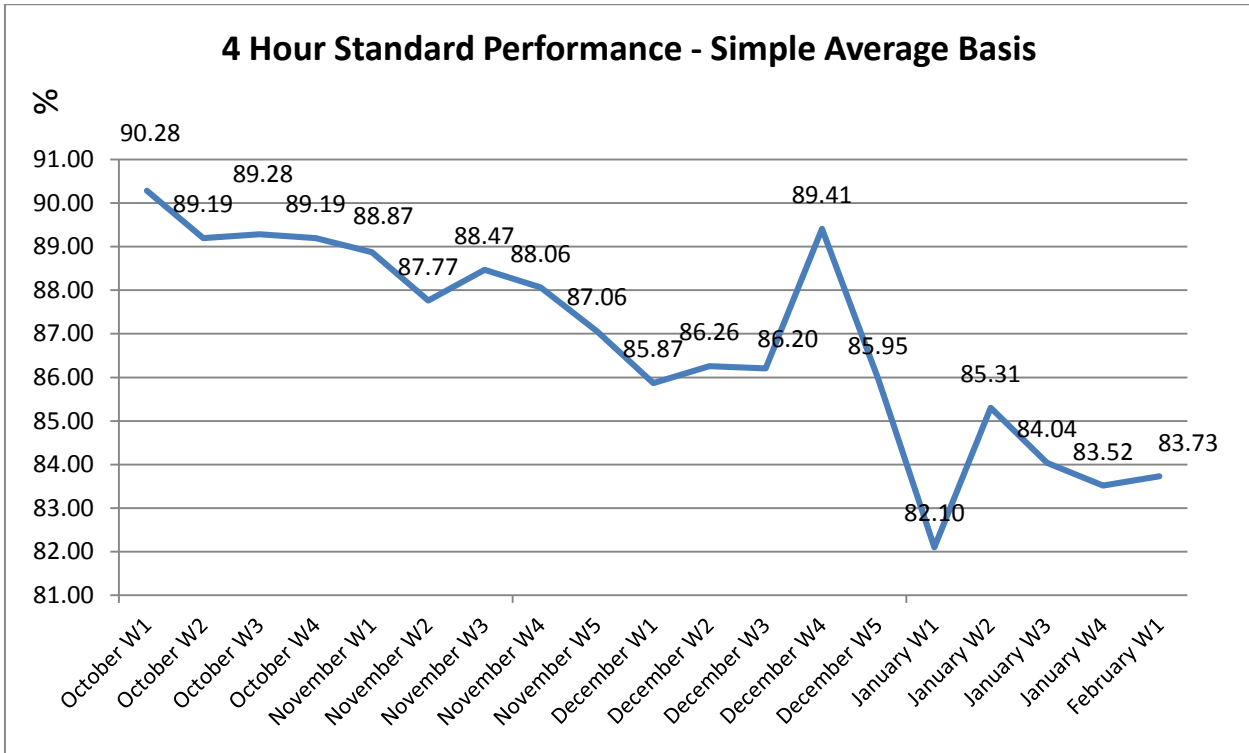
Active Bed Management

The number of acute beds in service has now fallen back slightly from the high of c37,700 in week 18; 10 sites increased capacity and 13 reduced.

The extent to which the participating trusts are flexing their bed stock to meet demand is shown in the table below.

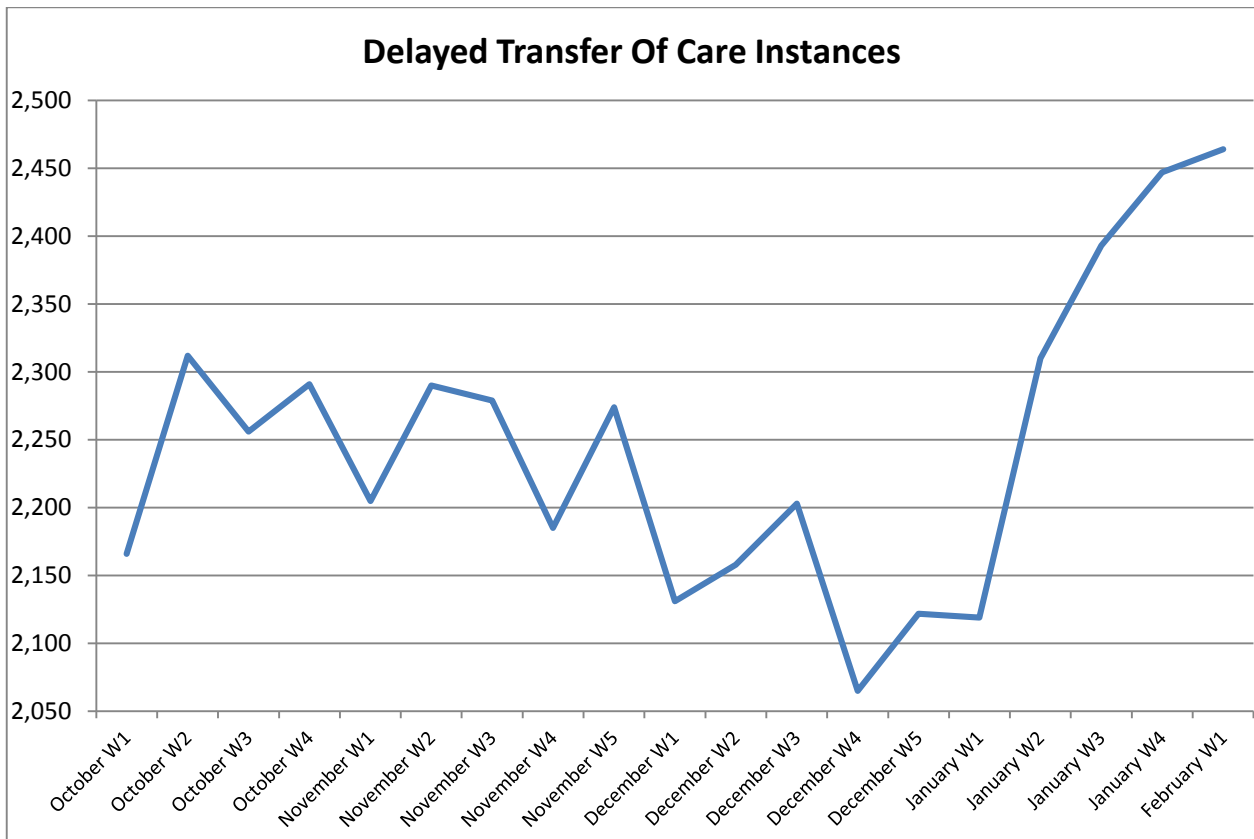
	No flexing	0 – 5%	5 – 10%	10 – 15%	15% plus
Number of sites	3	28	9	3	8

Graph of 4 hour performance by week since October



The 4 hour performance value has remained similar to last week, Overall performance this week was 83.73%. 25 sites posted an improvement and 21 declined.

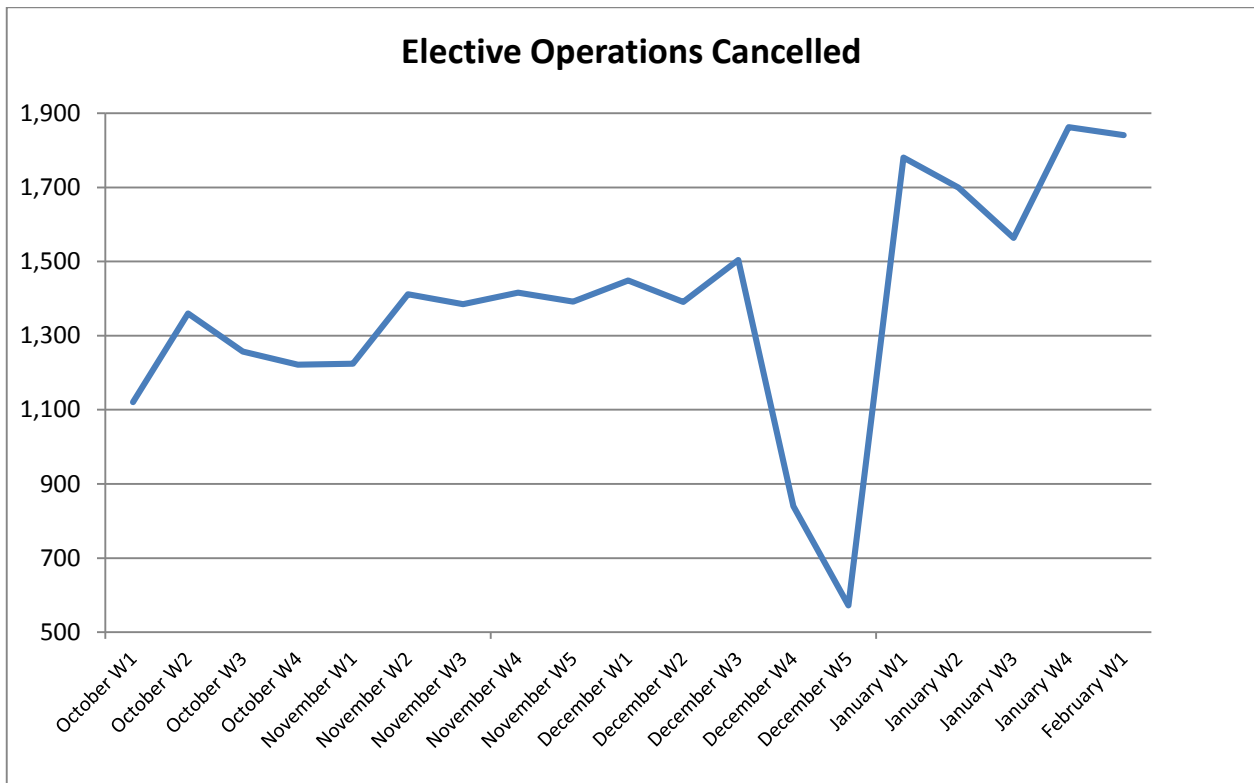
Graph of Delayed Transfers of Care (DETOCs) by week since October



This number has continued to increase to 2,464 20 sites recorded an increase from the previous week and 23 sites a decrease.

The overall proportion of DTOC of total bed stock in week 19 remained at 6.5%. The range of this measure across the contributors this week was from 0.3% to 19% of acute bed stock.

Graph of cancelled elective operations since October



Following an increase in elective operation cancellations last week, in week 19 the figure is little changed. 1,841 elective operations were cancelled. A total of c26,300 elective operations have been cancelled over the 19 week period. Each site cancelled an average of 27 operations per week over the period and the maximum in any one week was 228.

Overall

As last week, it is evident that the system has become substantially constrained by the number of patients occupying beds who no longer have acute medical needs.

While hospitals have maintained high levels of acute bed stock with almost 1000 extra beds in use since October at our participating sites, cancelled elective operations remain at their highest level.

Four hour standard performance has been at 85% or less since the start of the year. This is little different from the figures reported for most of January 2015. As stated last week plans to cope with seasonal pressures have been inadequate to the task. In this respect not only are A&E departments the barometer of wider failings they are also the victims.